



Faculty & Staff LGBT Mentor Program - Mentee Application

Name: _____
First Name Last Name

EID: _____ **Date of Birth:** _____

College/School & Major: _____

Campus Address: _____ **Local Phone #:** _____

Email: _____

Ethnicity (Optional): _____

Gender (Optional): _____

Sexual Orientation (Optional): _____

Why would you like to participate in this program? _____

If matched with a mentor, what are you looking to gain from this relationship? _____

Describe your hobbies and interest: _____

How much time are you willing to devote to working with a mentor? _____

What background are you looking for in a mentor that will help us in the selection process?

What kind of support/assistance can the program offer that will be most helpful to you?

My signature below represents my commitment to participate in the Faculty/Staff Mentor LGBT Program.

Signature: _____ **Date:** _____